


2004 FOR PROFIT CORPORATION ANNUAL REPORT (AR)

FILED
Mar 18, 2004 8:00 am
Secretary of State

03-18-2004 90024 007 ***150.00

DOCUMENT # P02000127452	
1. Entity Name KAMANI OF PALM BEACH, INC.	

Principal Place of Business 3217 BROADWAY WEST PALM BEACH FL 33407	Mailing Address 3217 BROADWAY WEST PALM BEACH FL 33407
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2. Principal Place of Business		3. Mailing Address	
Suite, Apt. #, etc.		Suite, Apt. #, etc.	
City & State		City & State	
Zip	Country	Zip	Country



MOORE CR2E034 (11/03)

4. FEI Number 01-0756303	Applied For <input type="checkbox"/> Not Applicable
5. Certificate of Status Desired <input type="checkbox"/> \$8.75 Additional Fee Required	

6. Name and Address of Current Registered Agent RAMBARRAN, MAHADEO 3217 BROADWAY WEST PALM BEACH FL 33407	7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) **DATE** _____
Signature, typed or printed name of registered agent and title if applicable.

FILE NOW!!! FEE IS \$150.00 After May 1, 2004 Fee will be \$550.00 Make Check Payable to Florida Department of State	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/> \$5.00 May Be Added to Fees
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE PT MAHADEO <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE RAMBARRAN, MAHADEO	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAMBARRAN, MAHADEO	NAME	NAME 11715 51ST CT N	NAME
STREET ADDRESS 11715 51ST CT N	STREET ADDRESS	STREET ADDRESS ROYAL PALM BEACH FL 33411	STREET ADDRESS
CITY-ST-ZIP ROYAL PALM BEACH FL 33411	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE VPS <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE RAMBARRAN, KALLAWATEE	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME RAMBARRAN, KALLAWATEE	NAME	NAME 11715 51ST CT N	NAME
STREET ADDRESS 11715 51ST CT N	STREET ADDRESS	STREET ADDRESS ROYAL PALM BEACH FL 33411	STREET ADDRESS
CITY-ST-ZIP ROYAL PALM BEACH FL 33411	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition	TITLE <input type="checkbox"/> Delete	TITLE <input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	NAME	NAME	NAME
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NAME	NAME	NAME	NAME
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CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP
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NAME	NAME	NAME	NAME
STREET ADDRESS	STREET ADDRESS	STREET ADDRESS	STREET ADDRESS
CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP	CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Rambaran MAHADEO Rambarran* **3/14/04** **561-844-5313**
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Daytime Phone #